



General Assembly

**Substitute Bill No. 289**

February Session, 2016

\* SB00289 INS 041916 \*

**AN ACT CONCERNING HEALTH CARE SERVICES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (e) of section 38a-1084a of the 2016 supplement  
2 to the general statutes is repealed and the following is substituted in  
3 lieu thereof (*Effective from passage*):

4 (e) (1) On and after [January 1, 2017] sixty days after the report  
5 described in subsection (c) of this section is initially made available to  
6 the public on the Insurance Department's and Department of Public  
7 Health's Internet web sites, each hospital shall, at the time of  
8 scheduling a diagnosis or procedure for nonemergency care that is  
9 included in the report submitted to the exchange by the Insurance  
10 Commissioner and the Commissioner of Public Health pursuant to  
11 subsection (c) of this section, notify the patient of the patient's right to  
12 make a request for cost and quality information. Upon the request of a  
13 patient for a diagnosis or procedure included in such report, the  
14 hospital shall, not later than three business days after scheduling such  
15 diagnosis or procedure, provide written notice, electronically or by  
16 mail, to the patient who is the subject of the diagnosis or procedure  
17 concerning: (A) If the patient is uninsured, the amount to be charged  
18 for the diagnosis or procedure if all charges are paid in full without a  
19 public or private third party paying any portion of the charges,  
20 including the amount of any facility fee, or, if the hospital is not able to

21 provide a specific amount due to an inability to predict the specific  
22 treatment or diagnostic code, the estimated maximum allowed amount  
23 or charge for the admission or procedure, including the amount of any  
24 facility fee; (B) the closest corresponding Medicare reimbursement  
25 amount; (C) if the patient is insured, the allowed amount, the toll-free  
26 telephone number and the Internet web site address of the patient's  
27 health carrier where the patient can obtain information concerning  
28 charges and out-of-pocket costs; (D) The Joint Commission's composite  
29 accountability rating and the Medicare hospital compare star rating for  
30 the hospital, as applicable; and (E) the Internet web site addresses for  
31 The Joint Commission and the Medicare hospital compare tool where  
32 the patient may obtain information concerning the hospital.

33 (2) If the patient is insured and the hospital is out-of-network under  
34 the patient's health insurance policy, such written notice shall include  
35 a statement that the diagnosis or procedure will likely be deemed out-  
36 of-network and that any out-of-network applicable rates under such  
37 policy may apply.

38 Sec. 2. Section 38a-477e of the 2016 supplement to the general  
39 statutes is repealed and the following is substituted in lieu thereof  
40 (*Effective from passage*):

41 (a) On and after July 1, 2016, each health carrier shall maintain an  
42 Internet web site and toll-free telephone number that enables  
43 consumers to request and obtain: (1) Information on in-network costs  
44 for inpatient admissions, health care procedures and services,  
45 including (A) the allowed amount for, at a minimum, admissions and  
46 procedures reported to the exchange pursuant to section 38a-1084a, as  
47 amended by this act, for each health care provider in the state; (B) the  
48 estimated out-of-pocket costs that a consumer would be responsible  
49 for paying for any such admission or procedure that is medically  
50 necessary, including any facility fee, coinsurance, copayment,  
51 deductible or other out-of-pocket expense; and (C) data or other  
52 information concerning (i) quality measures for the health care  
53 provider, (ii) patient satisfaction, to the extent such information is

54 available, (iii) a list of in-network health care providers, (iv) whether a  
 55 health care provider is accepting new patients, and (v) languages  
 56 spoken by health care providers; and (2) information on out-of-  
 57 network costs for inpatient admissions, health care procedures and  
 58 services.

59 (b) A health carrier shall advise the consumer when providing the  
 60 information on out-of-pocket costs that the amounts are estimates and  
 61 that the consumer's actual cost may vary due to health care provider  
 62 contractual changes, the need for unforeseen services that arise out of  
 63 the proposed admission or procedure or other circumstances.

64 (c) The provisions of this section shall not apply to a health carrier  
 65 with less than forty thousand covered lives for the health carrier in the  
 66 state. If in any year, a health carrier exceeds forty thousand covered  
 67 lives for the health carrier in the state, the provisions of this section  
 68 shall begin to apply on January first in the following year.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-1084a(e)
Sec. 2	<i>from passage</i>	38a-477e

**PH**            *Joint Favorable Subst.*

**INS**          *Joint Favorable*